CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|---|---|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | Ms / MRS / MR FIRST Mr Michael R | MI | OFFICE USE ONLY |
| | Mike Southerlan | suffix | 3456189107722202 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #; 3401 Parkway Ter Bryan TX | CITY; STATE; ZIP CODE | Date Received RECEIVED JAN 2018 CITY SECRETARY'S OFFICE CITY OF BRYAN |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER () 979 229 7805 | EXTENSION | CITY OF BRYAN Date Hand Silvered or Date Porthrided |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST Mrs Tana B NICKNAME LAST Southerlar | MI suffix | Receipt # Amount \$ Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | street address (no po box please); APT / S 3401 Parkway Ter Bryan TX | | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER () 979 229 7819 | EXTENSION | |
| 9 REPORT TYPE | January 15 30th day before | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 10 / 29 / 2017 | THROUGH 12 | Day Year 2017 |
| 11 ELECTION | ELECTION DATE Month Day Year Primary 11 / 07 / 2017 General | ELECTION TYPE Runoff Other Description Special | |
| 12 OFFICE | OFFICE HELD (if any) Bryan City Council SMD4 | 13 OFFICE SOUGHT (if known |) |
| | GO ТО | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME Mic | chael R "Mike" | Southerland, Sr | Filer ID (Ethics Commission Filers) |
|--|--|---|--------------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOT OF SUCH EXPENDITURES. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | | |
| | | COMMITTEE ADDRESS | |
| | SPECIFIC | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN | |
| | PLEDGI | ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | 7 100.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 350.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES \$ 2131.66 | | \$ |
| | | | \$ 2131.66 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1004.94 | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD | \$ 3987.87 |
| 18 AFFIDAVIT | | | |
| STATE OF THE PROPERTY OF THE P | Christina A 12868 Notary Public. S My Commissi July 22 | tate of Texas on Expires | nation required to be reported by me |
| AFFIX NOTARY STAM | | | 2.42 |
| Sworn to and subso | cribed before me, | _{by the said} Michael R "Mike" Southerland, S | r, this the |
| day of Janua 4 | <u>f</u> , 20 <u>18</u> , | to certify which, witness my hand and seal of office. | |
| Christo | a Calnu | e Christina A. Cabreva | - Notary Publi |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of officer administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 20 File | r ID (Ethics Commission Filers) |
|-----|--|---------------------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 350.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | . SCHEDULE E: LOANS | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT | ions \$ 2131.66 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB | BUTIONS \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 200.00 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES | SS OF C/OH \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT | rions \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The Instruction Guide explains how to complete this form. 2 FILER NAME Michael R "Mike" Southerland, Sr 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$ \$11/06/2017 6 Contributor address; City: State: Zip Code 2331 W Briargate Dr Bryan TX 77802 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$ \$100.00) Amount of contribution (\$ \$100.00) Amount of contribution (\$ \$100.00) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$ \$100.00) Date Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$ \$100.00) Date Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$ \$50.00) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$ \$50.00) Principal occupation / Job title (See Instructions) Employer (See Instructions) | Ethics Commission Filers) f contribution (\$) | 3 Filer ID (7 Amount of \$100.06 2 (2) Zip Code | Mike" Southerland, Sr ontributor | Michael R "Mi Date 5 Full name of cont HG and Kay |
|--|--|--|-----------------------------------|--|
| Michael R "Mike" Southerland, Sr Date | f contribution (\$) | 7 Amount of \$100.00; Zip Code | ontributor | Michael R "Mi Date 5 Full name of cont HG and Kay |
| HG and Kay Gritter 6 Contributor address; City: State: Zip Code 2331 W Briargate Dr Bryan TX 77802 Principal occupation / Job title (See Instructions) Date 11/06/2017 Full name of contributor Contributor address; City: State: Zip Code 5189 Cole Ln College Station TX 77845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code 5189 Cole Ln College Station TX 77845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (11/06/2017) Howard Hill Contributor address; City: State: Zip Code 4007 N Texas Av Bryan TX 77803 Principal occupation / Job title (See Instructions) Employer (See Instructions) | , , | \$100.0 802 | ay Gritter dress; City; Stat | HG and Kay |
| 2331 W Briargate Dr Bryan TX 77802 Principal occupation / Job title (See Instructions) Date Full name of contributor Jeff Goehl Contributor address; City: State; Zip Code 5189 Cole Ln College Station TX 77845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: |) | 7802 | oness, only, oran | 11/06/2017 HG and Kay |
| Principal occupation / Job title (See Instructions) Date Full name of contributor | | | riargate Dr Bryan TX 7 | 6 Contributor addre |
| Date Full name of contributor | | 9 Employer (See Instructions) | nargate bi biyan ix i | 2331 W Bria |
| Jeff Goehl Contributor address; City; State; Zip Code 5189 Cole Ln College Station TX 77845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Howard Hill Contributor address; City; State; Zip Code 4007 N Texas Av Bryan TX 77803 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | 5 Employer (eee mendenens) | ee Instructions) | Principal occupation / Job title (See |
| Self Goehi Sign Code Sig | f contribution (\$) | C (ID#:) Amount of | ontributor | Date Full name of cont |
| Contributor address; City; State; Zip Code 5189 Cole Ln College Station TX 77845 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: | *** | | l | 11/06/2017 Jeff Goehl |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (11/06/2017 Howard Hill Contributor address; City; State; Zip Code 4007 N Texas Av Bryan TX 77803 Principal occupation / Job title (See Instructions) Employer (See Instructions) | <i>,</i> 0 | · · · · · · · · · · · · · · · · · · · | dress; City; Stat | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (11/06/2017 Howard Hill \$50.00 | | 77845 | Ln College Station TX | 5189 Cole L |
| 11/06/2017 Howard Hill Contributor address; City; State; Zip Code 4007 N Texas Av Bryan TX 77803 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Employer (See Instructions) | e Instructions) | Principal occupation / Job title (See I |
| Contributor address; City; State; Zip Code 4007 N Texas Av Bryan TX 77803 Principal occupation / Job title (See Instructions) Employer (See Instructions) | f contribution (\$) | C (ID#:) Amount (| ontributor | Date Full name of cont |
| 4007 N Texas Av Bryan TX 77803 Principal occupation / Job title (See Instructions) Employer (See Instructions) | 0 | | | 11/00/2017 |
| Deta | | | • | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (| | Employer (See Instructions) | e Instructions) | Principal occupation / Job title (See I |
| | of contribution (\$) | C (ID#:) Amount of | ontributor | Date Full name of cont |
| Contributor address; City; State; Zip Code | | e; Zip Code | | Contributor addr |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Employer (See Instructions) | e Instructions) | Principal occupation / Job title (See I |

, Be

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael R "Mike" Southerland, Sr 4 Date 11/1/2017 Pavee name ADMAIL 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2,111.66 427 Dellwood Bryan TX 77802 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Ad Expense-card mailing and printing EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/19/2017 **Prosperity Bank** Payee address; City; State; Zip Code Amount (\$) 2807 S Texas Av Bryan TX 77802 \$10.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Accounting/Banking-bank service charge Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **Prosperity Bank** 12/22/2017 Amount (\$) Payee address; City; State; Zip Code \$10.00 2807 S Texas Av Bryan TX 77802 Category (See Categories listed at the top of this schedule) Description __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Accounting/Banking-bank service charge Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

5/6

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| U | real Cara Payment | The Instruction Guide explains how t | o complete this form. |
|---|---|---|---|
| 1 | Total pages Schedule G: | ² FILER NAME Michael R "Mike" Southerland, Sr | 3 Filer ID (Ethics Commission Filers) |
| 4 | Date 11/2/2017 | 5 Payee name Gravis Marketing, Inc | |
| 6 | Amount (\$) \$200.00 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 910 Belle Ave STE 1180 Winter S | Springs, FL 32708 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | OF EXPENDITURE | Ad Expense-Political Phone Calls | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/4 | Candidate / Officeholder name OH | Office sought Office held |
| | Date | Payee name | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | Reimbursement from political contributions intended | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought Office held |
| | Date | Payee name | |
| | Amount (\$) Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/ | | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |